

STATE OF ALASKA

DEPARTMENT OF REVENUE

Tax Division

SARAH PALIN, GOVERNOR

☒ State Office Building
PO Box 110420
Juneau, AK 99811-0420
907.465.2320

☐ 550 W Seventh, Suite 500
Anchorage, AK 99501-3566
907.269.6620

www.tax.alaska.gov

October 2008

Dear MBP Applicant:

We are pleased to announce that your organization may be able to apply for its permit online and if renewing, pay the permit fees online.

We encourage your organization to take advantage of the online application. Applying online allows us to process your organization's permits faster than if you file by mail. Find out more about our online application at **www.tax.alaska.gov/gaming**.

If you choose to apply by mail, the enclosed packet contains all of the documents your organization needs to obtain a 2009 Multiple-beneficiary permit (MBP). All 2009 application forms are also available on the Internet at www.tax.alaska.gov/forms.asp.

NEW SIGNATURE REQUIREMENTS

The 2009 application must be signed, as usual, by the primary member in charge. **Additional signatures are now required by your alternate member in charge and your manager of games to comply with the provisions of 15 ACC 160.934, Criminal history checks.** Signature lines are provided for all required signatures at the bottom of page one of the 2009 application and amended application forms. **The 2009 application forms must contain all required signatures before 2009 permits can be issued.**

MANAGER INFORMATION

Permittees that engage in pull-tab sales or bingo under an MBP permit must designate the person who is its manager of gaming, as defined in 15 AAC 160.995 and 15 AAC 160.365. List the legal name, address, phone number and social security number of the manager on page two of the application form. If the MBP designates a new manager of gaming after the permit is issued, the MBP must notify the department within 10 days of the designation.

PERMITTEE TEST OF THE MANAGER AND MEMBERS IN CHARGE

This package includes the permittee test for the manager and the primary and alternate members in charge. Only a manager, or primary or alternate member in charge, who has not previously passed the test need to take the test. The test and blank answer sheet may be photocopied if your organization has more than one person who needs to take the test. The person taking the test must sign the statement at the bottom of the answer sheet. **Failure to sign the statement will delay processing of the permit application.**

The test is open-book. Each question has a reference to the statute or regulation where the answer may be found. Individuals taking the test should read the question and then read the statute and/or regulations before answering. The Games of Chance and Skill Statutes Book is available at www.tax.alaska.gov/programs/gaming/index.asp and can also be obtained by email through request to our Juneau and Anchorage offices.

Each of the 60 test questions is worth two points. A person must score at least 90 points (75%) to pass the test. Questions not answered will be marked as incorrect. Answers to the questions must be marked on the answer sheet attached to the front of the test. Mark only one answer for each question. Attach the answer sheet(s) to the application.

Upon receipt of the application, application fee and test answer sheets, the division will immediately score the tests. **The manager and both the primary and the alternate member(s) in charge must pass, or have previously passed, the test before the department may issue a permit.** Failure to pass the test by the manager or one or both members in charge will delay processing your MBP application. We may not issue a permit until the manager and the primary and alternate members in charge have each passed the test.

NOTICE TO CITY OR BOROUGH

You must submit a copy of your permit application to each city or borough nearest to the location in which the MBP seeks to conduct an activity under its gaming permit(s). Proof of these submittals must be retained for three years, pursuant to 15 AAC 160.870.

TEMPORARY PERMIT (SEE 15 AAC 160.110)

A temporary permit will be issued to all renewal applicants that have not been issued 2009 permits, but who have paid their fees, passed their tests and submitted a substantially complete renewal application by December 15, 2008. An application postmarked on December 15, 2008, will be considered to have been received on that date. The temporary permit allows a renewal applicant to continue to conduct gaming until February 15, 2009, pending completion of the application process.

FAILURE TO ENCLOSE APPLICATION FEE

The division will not process your application until the permit application fee is received and paid in full. Renewing applicants may pay on line at www.tax.state.ak.us/tops/. If you are paying by check or money order, make payment payable to the State of Alaska. **Do not send cash.**

INCOMPLETE APPLICATIONS

One of the primary delays in application processing is failure by an organization to complete the application and provide all of the required information.

To avoid any type of delay with processing your organization's application, complete the application, and then use the enclosed MBP checklist to ensure the application is completed.

ORDER OF PROCESSING

All permit and license applications will be processed in the order in which they are received and date-stamped by the division.

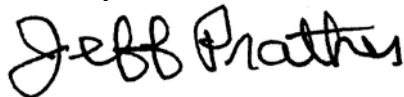
TELEPHONE CALLS

Every year, the division is flooded with telephone calls by applicants trying to check on the status of their application. The employees who process the applications must answer these telephone calls. Answering telephone calls about the status of applications is time taken away from processing. We appreciate your cooperation in this matter.

CONCLUSION

There are many topics covered in this letter. Please review them thoroughly before proceeding with the application process. We will be working hard to process your applications as quickly as possible. **Don't wait, apply now!**

Sincerely



Jeff Prather
Gaming Group Supervisor
Enclosures

2009 Multiple-beneficiary Permittee Application Instruction Check-list



Failure to complete any portion of the MBP application or to submit mandatory attachments will delay the issuance of your MBP permit. Use this checklist to make sure all information has been completed and attached.



Page 1: Multiple-beneficiary Permittee Application

MBP INFORMATION

- ☐ Enter the MBP's Federal Employer Identification Number (EIN), MBP permit number if applicable, phone number, and fax number.
- ☐ Enter the MBP name and email address.
- ☐ Enter the MBP mailing address, city, and Zip Code + 4.

MEMBERS IN CHARGE OF GAMES

- ☐ Complete all requested information for the primary member in charge. Then complete all requested information for the alternate member in charge. Social security numbers are required for each member in charge. If appointing more than one alternate member in charge, attach additional sheets as necessary.

MBP Member Applicants

- ☐ All member applicants must have a 2009 permit before the MBP permits will be issued.
- ☐ Enter each member applicant's permit number (if applicable), name and telephone number.

LEGAL QUESTIONS

- ☐ Answer the questions by checking the appropriate box. If you check "yes" to either question, you must submit, as an attachment, the person's name, date of birth, social security number and position of responsibility.

SIGNATURES & PAYMENT

- ☐ The primary member in charge should sign the application, print his or her name and then date the application.

- ☐ **Additional signatures are now required by your alternate member in charge and your manager of games to comply with the provisions of 15 AAC 160.934, criminal history checks.** Signatures lines are provided for all required signatures at the bottom of page one of the 2009 application and amended application forms. **The 2009 application forms must contain all required signature before 2009 permits can be issued.**

- ☐ The \$100 application fee may be paid online at www.tax.alaska.gov or you can submit a check payable to the State of Alaska with your application.

Page 2: Multiple-beneficiary Permittee Application.

- ☐ Enter the MBP name and MBP permit number.

SUPERVISORY EMPLOYEES

- ☐ Enter each supervisor's first name, middle initial, last name and social security number. Attach additional sheets as necessary.

ACTIVITIES CONDUCTED by MBP

- ☐ Is any facility rented or leased from an MBP member? Check the yes or no box. If you answered yes, refer to 15 AAC 160.954(c) (3).
- ☐ Complete all requested information for each facility listed under this section. Attach additional sheets as necessary.

VENDOR INFORMATION

- ☐ Enter the name of each bar or liquor store, its physical address, city and Zip Code +4. Attach additional sheets as necessary.
- ☐ Vendor compensation may not exceed 30% of the ideal net from each pull-tab game.

MANAGER OF GAMING

- ☐ Enter the manager's first name, middle initial, last name, social security number, and daytime phone number.

- ☐ Enter the manager's home mailing address, city, state, Zip Code + 4 and mobile number.

MANDATORY ATTACHMENTS

- ☐ Answer sheet for each member in charge who has not previously taken and passed the permittee test.
- ☐ Lease agreement for each facility where games are conducted.
- ☐ A biennial rent appraisal for each applicable lease agreement. Refer to 15 AAC 160.954(c) (3).
- ☐ Copy of joint venture or partnership agreement among the members, including the percentage of participation in gross receipts for each member.
- ☐ Copy of manager contracts (if applicable).
- ☐ Answer sheet for each manager who has not previously taken and passed the permittee test.
- ☐ Attach a completed 2009 Pull-Tab Vendor registration form, including the percentage amount of compensation to be retained by the vendor, signed by both parties.
- ☐ \$50 registration fee must be enclosed for each vendor registration unless you are paying online.
- ☐ \$100 MBP permit fee must be enclosed unless you are paying online.

Mail To:

**State of Alaska
Department of Revenue
Tax Division • Gaming Group
PO Box 110420
Juneau, AK 99811-0420**

An applicant for a permit shall accomplish the notice required under AS 05.15.030 (a) by submitting one copy of the application to each city or borough nearest to the location in which the applicant seeks to conduct an activity permitted under AS 05.15.

2009 Alaska **Multiple-beneficiary Permit** Application

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Apply online at www.tax.alaska.gov/gaming

MBP Information

Federal EIN	If renewing, enter MBP permit #	Phone number	Fax number
MBP name		Email	
Mailing address	City	State AK	Zip + 4

Members in Charge of Games

Members in charge must be natural persons and active members of the organization or employees of the municipality and designated by the organization. Members in charge may not be licensed as an operator, be a registered pull-tab vendor or an employee of a vendor for this organization. If more than one alternate, attach a separate sheet.

Primary member first name	MI	Primary member last name	Alternate member first name	MI	Alternate member last name
Social Security number		Email	Social Security number		Email
Daytime phone number		Mobile number	Daytime phone number		Mobile number
Home mailing address			Home mailing address		
City	State AK	Zip + 4	City	State AK	Zip + 4
Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test was taken	Has the alternate member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit # under which test was taken

MBP Member Applicants

All member applicants must (1) have a permit or (2) have applied for a permit for this permit year.

Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number
Permit #	Name of organization	Phone number

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

☐ Yes ☐ No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state, or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?

☐ Yes ☐ No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

We declare, under penalty of unsworn falsification that we have examined this application, including any attachments, and that to the best of our knowledge and belief it is true and complete. We understand that any false statement made on the application or any attachments is punishable by law. By our signatures below, we the the primary member, the alternate member, and if the applicable, the manager of games, agree to allow the Department of Revenue to review any criminal history we may have, in accordance with 15 AAC 160.934.

Primary member signature	Printed name	Date
Alternate member signature	Printed name	Date
Manager member signature	Printed name	Date

Permit Fee \$100

One copy of the application must be sent to all applicable municipalities and boroughs. See instructions for mandatory attachments. Pay online with TOPS at www.tax.alaska.gov or make check payable to State of Alaska. New applicants must pay by check.

Mail to **Alaska Department of Revenue - Tax Division** • PO Box 110420 • Juneau, AK 99811-0420
Phone (907)465-2320 • Fax (907)465-3098 • www.tax.alaska.gov/gaming

Retain a copy for your records

Department only
Validation #
Date stamp

MBP name	MBP permit #	2009 AK MULTIPLE-BENEFICIARY PERMIT APPLICATION
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Supervisory Employees

First name	MI	Last name	Social Security number
First name	MI	Last name	Social Security number
First name	MI	Last name	Social Security number
First name	MI	Last name	Social Security number

Activities Conducted by MBP

Is any facility rented or leased from an MBP member? ☐ No ☐ Yes If Yes, see instructions.

Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):			
Physical address	City	State	Zip + 4

Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):			
Physical address	City	State	Zip + 4

Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated		
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):			
Physical address	City	State	Zip + 4

Vendor Information

Vendors may sell pull-tabs only. Attach vendor registration form(s) and fee(s) for each vendor listed below.

Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4
Bar or liquor store name	Physical address	City	State AK	Zip + 4

Manager of Games

As defined in 15 AAC 160.995 and 15 AAC 160.365.

Manager first name	MI	Manager last name	Social Security number	Daytime phone number
Home mailing address	City	State	Zip + 4	Mobile number
Has this manager passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit # under which test was taken			

State of Alaska

2009 Amended Multiple-Beneficiary Permit Application Instructions



Use the amended application to correct errors or make changes to information submitted on your MBP's original 2009 application. Please allow three to four weeks for your amended application to be processed.

This guide is to help you successfully complete the amended permit application and speed up its processing time. Use the amended permit application to make changes to your original application.

Organization Information

Enter your organization's federal employer identification number (EIN) and the Multiple-Beneficiary Permittee's (MBP) name. Only enter the mailing address if it has changed.

Type of Games

Only select the type of game(s) your MBP wishes to add or delete to the permit. If applying for a special draw raffle permit, a detailed description of the special draw is required to be attached. If applying for a Calcutta Pool permit, a statement providing the date and physical location of the auction and the date and physical location of the event.

Person in Charge of Games

Enter the legal name, address, phone number and social security number for the primary and alternate members in charge, if they have changed.

Manager

Enter the legal name, home address, daytime telephone number and social security number for the new designated manager.

Location of Activities

If you are adding a bingo or pull-tabs to your permit, you must give the address of the location where the activity will be conducted. (Example: pull-tabs to be sold by vendor will be listed under vendor activities.)

If there is a change to the vendor, please check whether you are adding or deleting that location.

If you are changing the members of the MBP, please indicate if you are adding or deleting a member. You must attach a copy of the amended partnership or joint venture agreement to the amended MBP application.

If you are adding a new non-vendor location, you must attach a copy of the lease agreement.

Legal Questions

If you answer "yes" to either question, you must submit the person's name, date of birth, social security number, and position of responsibility.

Signature

The primary member in charge alternate member and manager of games under penalty of unsworn falsification and allowing criminal background must sign the application.

Mandatory Attachments

Any attachment required with the original application must be submitted with the Amended Application if there is a change. (Examples; a change in location, requires a new lease or change of Manager requires a new manager contract.)

Please allow 3 to 4 weeks for your application to be processed.

2009 Amended **Multiple-beneficiary Permit** Application

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MBP Information

Federal EIN		Organization name			
Complete only if there is a change in address.					MBP permit #
Mailing address			City	State AK	Zip + 4
Phone		Fax		Email	

Members in Charge of Games

Members in charge must be natural persons and active members of the organization or employees of the municipality and designated by the organization. Members in charge may not be licensed as an operator, be a registered vendor or an employee of a vendor for this organization. If more than one change, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Primary member first name	MI	Primary member last name	Email	
Social Security number		Daytime phone number		Mobile number	Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home mailing address			City	State AK	Zip + 4 Permit # under which test was taken

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Primary member first name	MI	Primary member last name	Email	
Social Security number		Daytime phone number		Mobile number	Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home mailing address			City	State AK	Zip + 4 Permit # under which test was taken

Change in MBP Member Applicants

All member applicants must (1) have a permit or (2) have applied for a permit in this permit year. If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Phone number
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Phone number

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

- ☐ Yes ☐ No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state or another jurisdiction that is a crime involving theft or dishonesty or a violation of gambling laws?
- ☐ Yes ☐ No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

<i>We declare, under penalty of unsworn falsification, that we have examined this application, including any attachments, and that, to the best of our knowledge and belief, it is true and complete. We understand that any false statement made on the application or any attachments is punishable by law. With our signatures below, we agree to allow the Department of Revenue to review any criminal history we may have in accordance with 15 AAC 160.934</i>		
Primary Member Signature	Printed Name	Date
Alternate Member Signature	Printed Name	Date
Manager Signature	Printed Name	Date

One copy of the application must be sent to all applicable municipalities and boroughs.

See instructions for mandatory attachments.

Mail to **Alaska Department of Revenue - Tax Division** • PO Box 110420 • Juneau, AK 99811-0420
Phone (907)465-2320 • Fax (907)465-3098 www.tax.alaska.gov/gaming

Department use only: date stamp

859A

Retain a copy for your records

Form 0405-859A Rev 10/08 for 2009 • page 1

MBP name	MBP permit #	2009 AMENDED MBP APPLICATION
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859A

Change of Supervisory Employees If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	First name	MI	Last name	Social Security number
<input type="checkbox"/> Add <input type="checkbox"/> Delete	First name	MI	Last name	Social Security number

Activities Conducted by MBP

Is any facility rented or leased from an MBP member? ☐ No ☐ Yes If Yes, see instructions. If more than one change, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):		
Physical address	City	State Zip + 4

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):		
Physical address	City	State Zip + 4

Change of Vendor Information

Attach vendor registration form(s) and fee(s). If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or liquor store name	<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or liquor store name
Physical address		Physical address	
City	State AK	City	State AK

Manager of Games As defined in 15 AAC 160.995 and 15 AAC 160.365. If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Manager first name	MI	Manager last name	Social Security number	Daytime phone number
Home mailing address			City	State	Zip + 4 Mobile number
Has this manager passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No				Permit # under which test was taken	

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Manager first name	MI	Manager last name	Social Security number	Daytime phone number
Home mailing address			City	State	Zip + 4 Mobile number
Has this manager passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No				Permit # under which test was taken	